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## \*BIBDATASHEET\*

CONFIRMATION NO. 2502

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/611,598	<b>FILING OR 371(c) DATE</b> 06/30/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1651	<b>ATTORNEY DOCKET NO.</b>	
<b>APPLICANTS</b> Johannes B.M.M. Van Bree, Nieuw-Vennep, NETHERLANDS; Edna H.G. Venneker, Saturnushof 15, NETHERLANDS; David P. Meeker, Concord, MA;					
<b>** CONTINUING DATA *****</b> This application is a CON of 09/454,711 12/06/1999 ABN which claims benefit of 60/111,291 12/07/1998					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 11/06/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NETHERLANDS	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 31	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> AIR MAIL Johannes BMM VanBree Dotterbloemstraat 27, 2153 ES Nieuw-Vennep, NETHERLANDS					
<b>TITLE</b> Treatment of pompe's disease					
<b>FILING FEE RECEIVED</b> 948	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		